

**EMPLOYER SURVEY**  
**Health Information Management**

**Academic Program:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

This survey tool is designed to help the HIM program faculty determine the strengths and areas for improvement for our program. All data will be kept confidential and will be used for program evaluation purposes only.

**SECTION I.**

1. Have you hired a graduate from our HIM program in the last two (2) years? **YES** **NO**
2. If **YES**, please continue to **Section II**. If **NO**, please continue to **Section III**.

**SECTION II.**

**INSTRUCTIONS:** Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.

5 = Strongly Agree   4 = Generally Agree   3 = Neutral (acceptable)   2 = Generally Disagree   1 = Strongly Disagree   N/A = Not Applicable

**A. KNOWLEDGE BASE (Cognitive Domain)**  
**GRADUATE(S):**

1. Has(Have) the knowledge necessary to function in this job.	5	4	3	2	1	N/A
2. Use(s) sound judgment while functioning in this job.	5	4	3	2	1	N/A
3. Is(Are) able to recommend appropriate HIM procedures relevant to this job.	5	4	3	2	1	N/A
4. Demonstrate(s) ability to think critically, solve problems, and develop appropriate action steps.	5	4	3	2	1	N/A

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**B. PRACTICE PROFICIENCY (Psychomotor Domain)**

**GRADUATE(S):**

- |  |   |   |   |   |   |     |
|--|---|---|---|---|---|-----|
| 1. Possess the technical skills to perform in his/her job. | 5 | 4 | 3 | 2 | 1 | N/A |
|--|---|---|---|---|---|-----|

Comments:

---

---

**C. BEHAVIORAL SKILLS (Affective Domain)**

**GRADUATE(S):**

- |  |   |   |   |   |   |     |
|--|---|---|---|---|---|-----|
| 1. Communicate(s) effectively.                                       | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. Conduct(s) himself/herself in an ethical and professional manner. | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. Manage(s) time efficiently while functioning in their job.        | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. Function(s) effectively as a member of the work team.             | 5 | 4 | 3 | 2 | 1 | N/A |

Comments:

---

---

**D. OVERALL RATING:**

- |   |   |   |   |   |   |     |
|---|---|---|---|---|---|-----|
| 1. Please rate and comment on the OVERALL quality of graduates of this program. | 5 | 4 | 3 | 2 | 1 | N/A |
|---|---|---|---|---|---|-----|

**E. ADDITIONAL COMMENTS**

1. What are the strengths of the graduate(s) of this program?

---

---

2. What qualities or skills did you expect of the graduate(s) upon employment that he/she did not possess?

---

---

**SECTION III.**

**Please provide comments and suggestions that would help this program to better prepare future graduates, to meet the needs this employer. If you have NOT recently hired a graduate from this program, please indicate why:**

---

---

Job Title(s) of Graduate(s) you have hired from this Program:

---

---

Employer:

---

**Today's Date:**

---

***Please return this questionnaire to the accredited program. Thank you for your responses.***